

VACCINE HESITANCY WHAT'S A PROVIDER TO DO?

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Disclosure

- I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

OBJECTIVES

- Understand the underlying causes of parents refusing vaccines for their children
- Become knowledgeable of the best approaches to discuss immunization concerns with parents
- Become aware of the various alternative schedules proposed by parents and the problems they pose

IMPACT OF VACCINES

- One of 10 most important Public Health initiatives in history
- 3 million deaths/year in children prevented
- Saves countless money by preventing medical complications, loss of income

IMPACT OF VACCINES

DISEASE	20 TH CENTURY ANNUAL MORBIDITY	2010 REPORTED CASES	% DECREASE
DIPHTHERIA	21,053	0	100
PERTUSSIS	200,752	21,291	89
TETANUS	580	8	99
POLIO	16,316	0	100
MEASLES	530,217	61	>99
MUMPS	162,344	2,528	98
RUBELLA	47,745	6	>99
CRS	152	0	100
HFLU	20,000 (EST)	270	99
SMALL POX	29,005	0	100

VACCINE REFUSAL

Love them. Protect them.
Never inject them.
There are NO safe vaccines!

Shaken Baby Syndrome
Chronic Ear Infections
Death
SIDS
Seizures
ADD
Allergies
Asthma
Autism
Diabetes
Meningitis
and polio are caused by adverse reactions to vaccine poisons.



Go to: VaccineTruth.com
or call Vaccination Liberation: 1-888-249-1421

AUTISM SCIENCE DIGEST
The Journal of AutismOne



WHAT IS THE
SCIENTIFIC
APPROACH TO
THE RENEWAL
THERAPY
PROGRAM?

THE SCIENTIFIC
AND LATEST
CLINICAL
EVIDENCE
POTENTIAL
BENEFITS
AND RISKS
THAT ARE
NOT
WELLED

THE SCIENTIFIC
EVIDENCE
THAT IS
CORRELATED
WITH
AUTISM
SYMPTOMS

NETWORKING
WITH
THE
SCIENTIFIC
COMMUNITY
AND
THE
PUBLIC

THE
SCIENTIFIC
EVIDENCE
THAT IS
CORRELATED
WITH
AUTISM
SYMPTOMS

**JENNY
MCCARTHY**
ON THE AUTISMONE
GENERATION RESCUE
CONFERENCE

HOW BIG IS THE PROBLEM?

- Diekema 2005 (AAP Surveys)
 - 7/10 pediatricians experienced refusal on an immunization in the last 12 months
 - MMR #1 refused vaccine
 - 4% pediatricians reported refusing an immunization for their own children

HOW BIG IS THE PROBLEM?

- National Immunization Survey 2003-2004
 - 6% parents have refused a vaccine
 - 85% pediatricians have had a parent refuse all or some vaccines in the last 12 months
 - 13% parents delayed a vaccine
- National Immunization Survey 2010
 - 1% refuse ALL vaccines

HOW BIG IS THE PROBLEM?

- Kansas AAP Immunization Survey 2012
 - 88% members have had parent refuse a vaccine
 - 96% members have had a parent ask to delay or alter vaccine schedule
 - 64% members have 1-5% parents refuse all vaccines

HESITANCY vs. REFUSAL

- Acceptance group
 - 70%
 - Interested in vaccine information
 - High trust level
- Hesitant group
 - 30%
 - Interested in vaccine information
 - Want to trust
- Anti-vaccine group
 - 1%
 - NO Interest in vaccine information
 - NO trust

DEMOGRAPHICS

- White
- Female
- 30 years of age or older
- More than 1 child
- Higher income
- More educated



PARENTAL CONCERNS

- Too Many 36%
- Autism 30%
- Fevers 30%
- Unsafe ingredients 25%
- Not tested enough 15%
- Causes the disease 15%

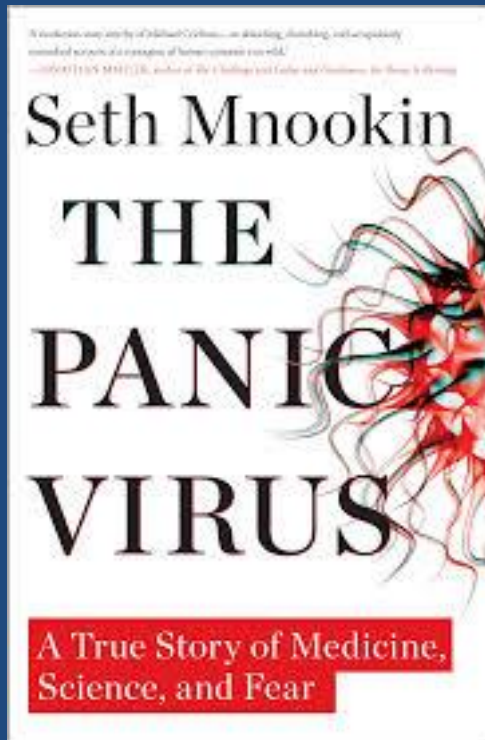
PARENTAL CONCERNS

- Gellin 2000
 - Too many vaccines
 - Vaccines may weaken the immune system
- National Immunization Survey 2009
 - Worried about safety
 - Serious side effects
 - Too many vaccines overwhelm the immune system

PARENTAL CONCERNS

- KAAP Immunization Survey
- Top Parental concerns
 - Serious side effects
 - Too many shots
 - Autism
 - Lack trust in Public Health/Government

COMMON DENOMINATOR



FEAR

- Consumerism
- Vaccine success
- Lack of trust in public health/ government
- Lack of trust in science
- Alternative medicine
- Media
- Misinformation

WHO CAN BE CONVINCED?

- Halperin- 5 groups vaccine hesitant parents
 - Uninformed but correctable
 - Misinformed but correctable
 - Well read and open minded
 - Content and Convinced
 - Committed and missionary

WHAT CHANGES PARENTS MINDS?

- Health Care Provider
 - Most important Source
- More information
 - Handouts
 - Web site
 - IOM Report questions effectiveness of these
- “Firing” patients

WHAT CHANGES PARENTS MINDS?

- Health Styles Survey 2009
 - 82% reported health care provider most trusted source of vaccine information
 - 79% reported vaccines were important
 - 79% vaccines were safe

TALKING TIPS

- The parent wants what is best for the child
- Understand this is an emotional issue
- Make sure you know which “fear” the parent has
- Don’t assume scientific evidence is understood or very effective
- Understand the importance of anecdotes

TALKING TIPS

- Listen
- Take time
- Welcome questions
- Don't interrupt
- Don't be offended
- Don't be judgmental
- Be honest
- Correct misconceptions/Provide information
- Speak without using medical jargon
- Respect parental authority

Physician Communication Skills

What we do well

- Listening
- Take time
- Understandable
- Non-judgemental

Physician Communication Skills

- What we need to improve on
 - Encouraging questions
 - Assessing knowledge
 - Checking understanding
 - Validating concerns

<http://www2.aap.org/immunization/pediatricians/riskcommunication-VIDEOS.html>

AUTISM

- MMR
 - Wakefield
 - National Vaccine Compensation Program Rulings
- Thimerosal
 - Danish Studies
 - Has been removed from vaccines since 2001
- 2004 IOM Study

TOO MANY SHOTS

- Average child exposed to 2000-6000 antigens daily
- 1980 Vaccine antigen load was 3000
- Current total antigen exposure for TOTAL vaccines to age 5 is 200

ALTERNATE SCHEDULES

- Born out of concern about too many vaccines
- Popularized by Dr. Bob Sears book
- Based on misinformation
- No scientific evidence of a benefit

IOM CHILDHOOD IMMUNIZATION SCHEDULE AND SAFETY REPORT

- Report Brief, January 2013
 - “In this most comprehensive examination of the immunization schedule to date, the IOM committee uncovered no evidence of major safety concerns associated with adherence to the childhood immunization schedule, which should help to reassure a diverse group of stakeholders.”
 - “Indeed, rather than exposing children to harm, following the complete childhood immunization schedule is strongly associated with reducing vaccine-preventable diseases.”

ADOLESCENT IMMUNIZATIONS

Vaccine	Kansas	US average
Tdap	92.2%	84.6%
Meningococcal	55.9%	74%
HPV#1	42.7%	53.8%
HPV#2	32.8%	43.4%
HPV#3	25.1%	33.4%

ADOLESCENT VACCINE REFUSAL

- National Immunization Survey 2008-2010
- Reasons parental refusal Tdap and Menactra
 - Not recommended
 - Not necessary
 - Lack of knowledge
 - Don't know

HPV HESITANCY

- Reasons parental refusal
 - Vaccine not needed
 - Lack of knowledge
 - Daughter not sexually active
 - Safety of vaccine

PROVIDER RECOMMENDATION

	2008	2010
Tdap	46.9%	50.0%
Menactra	28.6%	35.8%
HPV	46.8%	52.4%

OTHER FACTORS

- Insurance coverage for males
- Infrequent preventative care visits
- School entry requirements

VACCINE REFUSAL

- 2% of children
- Not likely to change parental decision
- Provider decision
 - “Fire” the patient and family
 - Continue to see them and continue discussion

VACCINE REFUSAL

- KAAP Immunization Survey
- Percent ask patients to leave practice
 - Refuse all immunizations-16%
 - Refuse some immunizations- 3%

VACCINE REFUSAL

- Reasons to “fire” patient
 - Protection of other patients
 - Parent- provider trust concerns
 - Standard of Care
 - Documentation
- AAP, AAFP, AMA positions

SUMMARY

- Vaccine refusal and hesitancy is a growing problem
- Poses a public health problem
- Poses individual health problem
- Can result in significant financial burden
- Providers caught in the middle

IOM CHILDHOOD IMMUNIZATION SCHEDULE AND SAFETY REPORT

- “The committee identified a need for further study of parental attitudes and concerns about immunization. Based on the committee’s review of the literature and public testimony, the committee strongly endorses research to understand parents’ knowledge, beliefs, and concerns about vaccines and vaccine-preventable diseases, which is a key component of the 2010 National Vaccine Plan.”
- “all health care providers who immunize children should receive training in communication with the goal of improving provider-parent communication of immunization issues”

Resources

- Diekema DS. Responding to Parental Refusal of Immunization of Children. Pediatrics. May 2005; 115: 1428-1431
- Healy CM, Pickering LK. How to Communicate with Vaccine-Hesitant Parents. Pediatrics. May 2011;127:S127-S133
- Offit PA, Moser CA. The Problem With Dr. Bob's Alternative Vaccine Schedule. Pediatrics. January 2009;123(1): e163-e169
- Institute of Medicine. The Childhood Immunization Schedule and Safety. National Academies Press. 2013
- KAAP Survey. Vaccine Hesitancy and Avoidance. 2012
- Freed GL, Clark SJ et al. Parental Vaccine Safety Concerns in 2009. Pediatrics. April 2010; 125(4):654-659

Resources

- IKK Immunization Manual
- Vaccine hotline